

APPLICATION FOR UNITED STATES LETTERS PATENT

50-1529 KVS

Declaration and Power of Attorney

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMAGE PRINTING METHOD AND APPARATUS

the specification of which is attached hereto.

I have reviewed and understand the contents of said specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I claim priority benefits under 35 USC §119 of: (i) any foreign application(s) for patent or inventor's certificate listed below; or (ii) any United States provisional application(s) listed below; and have also identified below any foreign application(s) for patent or inventor's certificate, or PCT international application having a filing date before that of the application(s) on which priority is claimed.

COUNTRY	APPLICATION NUMBER	DATE (day, month, year)	PRIORITY CLAIMED
Japan	2003-083201	25, 3, 2003	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
			yes <input type="checkbox"/> no <input type="checkbox"/>
			yes <input type="checkbox"/> no <input type="checkbox"/>
			yes <input type="checkbox"/> no <input type="checkbox"/>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I appoint the following attorneys to prosecute this application and to transact all business in the U.S. Patent & Trademark Office connected therewith: Leonard Holtz, Reg. No. 22,974; Herbert Goodman, Reg. No. 17,081; Marshall J. Chick, Reg. No. 26,853; Richard S. Barth, Reg. No. 28,180; Douglas Holtz, Reg. No. 33,902; and Robert P. Michal, Reg. No. 35,614.

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Sign: <i>Fusako Akimoto</i>	Date: March 15, 2004	Residence (City and Country): Tokyo, Japan Post Office Address:
Type: Fusako AKIMOTO	Citizen of: Japan	2970, Ishikawa-machi, Hachioji-shi, Tokyo, Japan
Sign: <i>Hiroynuki Arai</i>	Date: March 15, 2004	Residence (City and Country): Tokyo, Japan Post Office Address:
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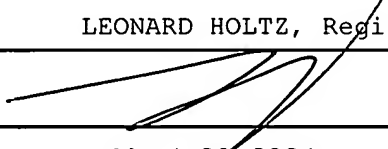
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Approved for use through 10/31/2002. OMB 0651-0035

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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	
	Filing Date	Herewith
	First Named Inventor	KUDOU
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	04185 /LH

Please change the Correspondence Address for the above-identified application to:						
[X] Customer Number 01933						
[X] Firm or Individual Name		FRISHAUF, HOLTZ, GOODMAN & CHICK, P.C.				
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<p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p>[] Applicant/Inventor.</p> <p>[] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p>[X] Attorney or Agent of record.</p> <p>[] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.</p>						
Typed or Printed Name		LEONARD HOLTZ, Registration No. 22,974				
Signature						
Date		March 22, 2004				
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p>						

[] Total of ____ forms are submitted.

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